

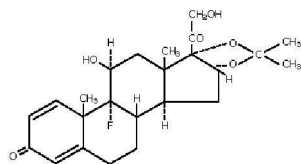
TRIAMCINOLONE ACETONIDE - triamcinolone acetonide ointment

E. Fougera & CO., A division of Nycomed US Inc.

Rx only

DESCRIPTION

The topical corticosteroids constitute a class of primarily synthetic steroids used as anti-inflammatory and anti-pruritic agents. Triamcinolone Acetonide Ointment USP contains Triamcinolone Acetonide [Pregna-1,4-diene-3,20-dione,9-fluoro-11,21-dihydroxy-16,17-[(1-methylethylidene)bis-(oxy)]-, (11 β ,16 α)-], with the molecular formula C₂₄H₃₁FO₆ and molecular weight 434.50. CAS 76-25-5.



Triamcinolone Acetonide Ointment USP, 0.025% contains: 0.25 mg of triamcinolone acetonide per gram in a base containing white petrolatum and mineral oil.

Triamcinolone Acetonide Ointment USP, 0.1% contains: 1 mg triamcinolone acetonide per gram in a base containing white petrolatum and mineral oil.

CLINICAL PHARMACOLOGY

Topical corticosteroids share anti-inflammatory, anti-pruritic and vasoconstrictive actions. The mechanism of anti-inflammatory activity of the topical corticosteroids is unclear. Various laboratory methods, including vasoconstrictor assays, are used to compare and predict potencies and/or clinical efficacies of the topical corticosteroids. There is some evidence to suggest that a recognizable correlation exists between vasoconstrictor potency and therapeutic efficacy in man.

Pharmacokinetics: The extent of percutaneous absorption of topical corticosteroids is determined by many factors including the vehicle, the integrity of the epidermal barrier, and the use of occlusive dressings. Topical corticosteroids can be absorbed from normal intact skin. Inflammation and/or other disease processes in the skin increase percutaneous absorption. Occlusive dressings substantially increase the percutaneous absorption of topical corticosteroids. Thus, occlusive dressings may be a valuable therapeutic adjunct for treatment of resistant dermatoses (See **DOSAGE AND ADMINISTRATION**). Once absorbed through the skin, topical corticosteroids are handled through pharmacokinetic pathways similar to systemically administered corticosteroids. Corticosteroids are bound to plasma proteins in varying degrees. Corticosteroids are metabolized primarily in the liver and are then excreted by the kidneys. Some of the topical corticosteroids and their metabolites are also excreted into the bile.

INDICATIONS AND USAGE

Topical corticosteroids are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.

CONTRAINDICATIONS

Topical corticosteroids are contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.

PRECAUTIONS

General: Systemic absorption of topical corticosteroids has produced reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, manifestations of Cushing's syndrome, hyperglycemia, and glucosuria in some patients. Conditions which augment systemic absorption include the application of the more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings. Therefore, patients receiving a large dose of a potent topical steroid applied to a large surface area or under an occlusive dressing should be evaluated periodically for evidence of HPA axis suppression by using the urinary free cortisol and ACTH stimulation tests. If HPA axis suppression is noted, an attempt should be made to withdraw the drug, to reduce the frequency of application, or to substitute a less potent steroid. Recovery of HPA axis function is generally prompt and complete upon discontinuation of the drug.

Infrequently, signs and symptoms of steroid withdrawal may occur, requiring supplemental systemic corticosteroids. Children may absorb proportionally larger amounts of topical corticosteroids and thus be more susceptible to systemic toxicity (See **PRECAUTIONS-Pediatric Use**). If irritation develops, topical corticosteroids should be discontinued and appropriate therapy instituted. In the presence of dermatological infections, the use of an appropriate anti-fungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, the corticosteroid should be discontinued until the infection has been adequately controlled.

Information for the Patient: Patients using topical corticosteroids should receive the following information and instructions.

1. This medication is to be used as directed by the physician. It is for external use only. Avoid contact with the eyes.

2. Patients should be advised not to use this medication for any disorder other than for which it was prescribed.
3. The treated skin area should not be bandaged or otherwise covered or wrapped as to be occlusive unless directed by the physician.
4. Patients should report any signs of local adverse reactions especially under occlusive dressing.
5. Parents of pediatric patients should be advised not to use tight fitting diapers or plastic pants on a child being treated in the diaper area, as these garments may constitute occlusive dressings.

Laboratory Tests: The following tests may be helpful in evaluating the HPA axis suppression: Urinary free cortisol test; ACTH stimulation test.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Long-term animal studies have not been performed to evaluate the carcinogenic potential or the effect on fertility of topical corticosteroids. Studies to determine mutagenicity with prednisolone and hydrocortisone have revealed negative results.

Pregnancy Category C: Corticosteroids are generally teratogenic in laboratory animals when administered systemically at relatively low dosage levels. The more potent corticosteroids have been shown to be teratogenic after dermal application in laboratory animals. There are no adequate and well-controlled studies in pregnant women on teratogenic effects from topically applied corticosteroids. Therefore, topical corticosteroids should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Drugs of this class should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time.

Nursing Mothers: It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Systemically administered corticosteroids are secreted into breast milk in quantities not likely to have a deleterious effect on the infant. Nevertheless, caution should be exercised when topical corticosteroids are administered to a nursing woman.

Pediatric Use: *Pediatric patients may demonstrate greater susceptibility to topical corticosteroid-induced HPA axis suppression and Cushing's syndrome than mature patients because of a larger skin surface area to body weight ratio.* Hypothalamic-pituitary-adrenal (HPA) axis suppression, Cushing's syndrome, and intracranial hypertension have been reported in children receiving topical corticosteroids. Manifestations of adrenal suppression in children include linear growth retardation, delayed weight gain, low plasma cortisol levels, and absence of response to ACTH stimulation. Manifestations of intracranial hypertension include bulging fontanelles, headaches, and bilateral papilledema. Administration of topical corticosteroids to children should be limited to the least amount compatible with an effective therapeutic regimen. Chronic corticosteroid therapy may interfere with the growth and development of children.

ADVERSE REACTIONS

The following local adverse reactions are reported infrequently with topical corticosteroids, but may occur more frequently with the use of occlusive dressings. These reactions are listed in an approximate decreasing order of occurrence: burning, itching, irritation, dryness, folliculitis, hypertrichosis, acneiform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, maceration of the skin, secondary infection, skin atrophy, striae and miliaria.

OVERDOSAGE

Topically applied corticosteroids can be absorbed in sufficient amounts to produce systemic effects (See **PRECAUTIONS**).

DOSAGE AND ADMINISTRATION

Apply to the affected area as a thin film as follows: Triamcinolone Acetonide Ointment USP, 0.025% two to four times daily; Triamcinolone Acetonide Ointment USP, 0.1% two or three times daily depending on the severity of the condition. Occlusive dressings may be used for the management of psoriasis or recalcitrant conditions. If an infection develops, the use of occlusive dressings should be discontinued and appropriate antimicrobial therapy instituted.

HOW SUPPLIED

Triamcinolone Acetonide Ointment USP, 0.025%

80 gram tubes NDC 0168-0005-80

Triamcinolone Acetonide Ointment USP, 0.1%

15 gram tubes NDC 0168-0006-15

80 gram tubes NDC 0168-0006-80

1 Lb jars NDC 0168-0006-16

Store at controlled room temperature 15°-30°C (59°-86°F).

March 2008

E. FOUGERA & CO.

A division of Nycomed US Inc.

MELVILLE, NEW YORK 11747

I20515I

R3/08

PACKAGE LABEL – PRINCIPAL DISPLAY PANEL – 80 G LABEL (0.025%)

NDC 0168-0005-80

FOUGERA[®]

TRIAMCINOLONE

ACETONIDE OINTMENT

USP, 0.025%

Rx only

FOR EXTERNAL USE ONLY.

NOT FOR OPHTHALMIC USE.

CONTAINS: 0.25mg of

Triamcinolone Acetonide per

gram in a base containing White

Petrolatum & Mineral Oil.

NET WT 80 grams

NDC 0168-0005-80

fougera[®]

TRIAMCINOLONE

ACETONIDE OINTMENT

USP, 0.025%

USUAL DOSAGE: 2 to 4 applications daily.

WARNING: Keep out of reach of children.

TO OPEN: Use cap to puncture seal.

IMPORTANT: Do not use if seal has been punctured or is not visible.



E. FOUGERA & CO.
A division of Nycomed US Inc.
Melville, New York 11747

PACKAGE LABEL – PRINCIPAL DISPLAY PANEL – 80 G CARTON (0.025%)

NDC 0168-0005-80

FOUGERA[®] Rx only

TRIAMCINOLONE ACETONIDE

OINTMENT USP, 0.025%

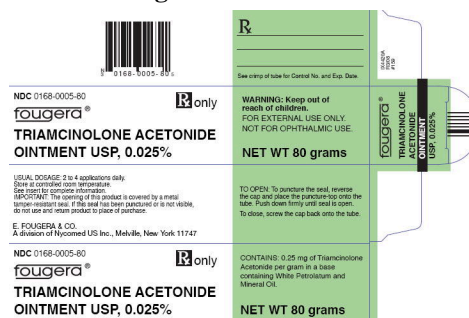
WARNING: Keep out of

reach of children.

FOR EXTERNAL USE ONLY

NOT FOR OPHTHALMIC USE

NET WT 80 grams



PACKAGE LABEL – PRINCIPAL DISPLAY PANEL – 15 G LABEL (0.1%)

NDC 0168-0006-15

FOUGERA[®]

TRIAMCINOLONE

ACETONIDE OINTMENT

USP, 0.1%

Rx only

FOR EXTERNAL USE ONLY

NOT FOR OPHTHALMIC USE

CONTAINS: 1mg of Triamcinolone

Acetonide per gram in a base

containing White Petrolatum

NET WT 15 grams

fougera®

R only
FOR EXTERNAL USE ONLY
NOT FOR OPHTHALMIC USE
CONTAINS: 1 mg of Triamcinolone
Acetonide per gram in a base
containing White Petrolatum
and Mineral Oil.
NET WT 15 grams

Store at controlled room temperature
15°-30°C (59°-86°F).
See insert for complete information.
See crimp of tube for Control No.
and Exp. Date.

U45348 R8/08
0168-0006-154

NDC 0168-0006-15

FOUGERA[®] Rx only

TRIAMCINOLONE

ACETONIDE OINTMENT


USP, 0.1%

WARNING: Keep out of reach of children.

FOR EXTERNAL USE ONLY

NOT FOR OPHTHALMIC USE

NET WT 15 grams



0168-0066-154

R

See strip of tube for Control No. and Exp. Date.

TRIAMCINOLONE
ACETONIDE OINTMENT
USP, 0.1%

R only

WARNING: Keep out of reach of children.
FOR OPHTHALMIC USE ONLY
NOT FOR CATHETERIAL USE

NET WT 15 grams

TRIAMCINOLONE
ACETONIDE OINTMENT
USP, 0.1%
NDC 0168-0066-154

TO OPEN: To puncture the seal, reverse the cap slowly until the seal is broken. Push down firmly until you feel a pop.
To close, screw the cap back onto the tube.

U.S. PATENTED
F. FOUNDER & CO.
A Division of Regeneron U.S., Inc., Tarrytown, New York 10597

NDC 0168-0006-80

FOUGERA®

TRIAMCINOLONE

ACETONIDE OINTMENT

USP, 0.1%

Rx only

FOR EXTERNAL USE ONLY

NOT FOR OPHTHALMIC USE

CONTAINS: 1mg of Triamcinolone

Acetonide per gram in a base

containing White Petrolatum and

Mineral Oil.

NET WT 80 grams

fougera®

**TRIAMCINOLONE
ACETONIDE OINTMENT
USP, 0.1%**

R_x only
FOR EXTERNAL USE ONLY
NOT FOR OPHTHALMIC USE
CONTAINS: 1 mg of Triamcinolone
Acetonide per gram in a base
containing White Petrolatum and
Mineral Oil.
NET WT 80 grams

Store at controlled room temperature
See insert for complete information.
See crimp of tube for
Control No. and Exp. Date.

X4473A R3/08

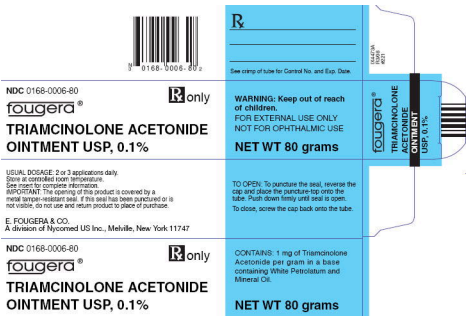
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NDC 0168-0006-80

FOUGERA[®] Rx only

TRIAMCINOLONE ACETONIDE

OINTMENT USP, 0.1%
WARNING: Keep out of reach of children.
FOR EXTERNAL USE ONLY
NOT FOR OPHTHALMIC USE
NET WT 80 grams



PACKAGE LABEL – PRINCIPAL DISPLAY PANEL – 453.6 G LABEL (0.1%)

NDC 0168-0006-16 FOUGERA[®] Rx only
TRIAMCINOLONE ACETONIDE
OINTMENT USP, 0.1%
FOR EXTERNAL USE ONLY
NOT FOR OPHTHALMIC USE
NET WT 453.6 g (1 lb)
E. FOUGERA & CO.
A division of Nycomed US Inc.
Melville, New York 11747

